Information Technology Project Request

Project Change Request
Executive Approval Transmittal

Department Name

Project Title (maximum of 75 characters)	Project Acronym

FSR Project ID	FSR Approval Date	Department Priority	Agency Priority

APPROVAL SIGNATURES

I am submitting the attached Project Change Request (PCR) in support of our request for the DOIT's approval to modify this project.

I certify that the PCR was prepared in accordance with the State Administrative Manual Sections ___-___ and that the proposed project changes are consistent with our information management strategy as expressed in our current Agency Information Management Strategy (AIMS).

I have reviewed and agree with the information in the attached Project Change Request.

Chief Information Officer	Date Signed
Printed name:	

Budget Officer	Date Signed
Printed name:	

Department Director	Date Signed
Printed name:	

Agency Secretary	Date Signed
[Not applicable]	[Not applicable]
Printed name:	

PROJECT CHANGE REQUEST (PCR)

PROJECT IDENTIFICATION:

Submittal Date:	
Department:	
Agency:	
Project Title:	

Project Acronym:		**DOIT Project No.:**	

Background (Summary of the project):

DEPARTMENT/AGENCY CONTACT:

Name:	
Title:	
E-mail Address:	

Telephone No.:		**FAX No.:**	

PHASE/SCHEDULE STATUS:

Current Project Phase:		**Total Planned Phases:**	
Planned Start Date:		**Actual Start Date:**	
Planned End Date:		**Revised End Date:**	

PROJECT EXPENDITURES/VENDOR PAYMENTS:

FSR Approved Project Cost:	
One-time Expenditures to Date:	
On-going Expenditures to Date:	
Total Expenditures to Date:	
Vendor Name:	
Vendor Payments to Date:	

PROPOSED CHANGE:

Change Category: ☐ Funding   ☐ Scope   ☐ Cost   ☐ Schedule
☐ Methodology   ☐ Technology   ☐ Other _____

Proposal (Description of the proposed change):

Mandated	☐ Yes _____

Catalyst (Description of events that made this change necessary):

Justification (Description as to why the change is needed to continue/complete the project):

PRELIMINARY ECONOMIC ANALYSIS:

Approved Costs:	FY __/__	FY __/__	FY __/__	FY __/__	FY __/__
One-Time Costs:					
On-going Costs:					
Total Project Costs					
Proposed Costs:	FY __/__	FY __/__	FY __/__	FY __/__	FY __/__
One-Time Costs:					
On-going Costs:					
Total Proposed Costs					

IMPLEMENTATION OF THE PROPOSED CHANGE:

Budget Action Required?	☐ No ☐ Yes FY: _____ Type: _____

Implementation (Briefly describe how the proposed change will be incorporated into the project):

DEPARTMENT OF INFORMATION TECHNOLOGY
STATE INFORMATION MANAGEMENT MANUAL
PROJECT CHANGE REQUEST: 6.0
SUBMISSION CHECKLIST

The following checklist will be used by the DOIT PCR Review Analyst to determine if the PCR package being submitted is complete. If any of the required items are missing, the entire package will be returned to the sender for completion. The Project Manager is responsible for ensuring that the following items are included:

❑   1)   PCR Executive Approval Transmittal – All Signatures included.

❑   2)   Completed PCR Form.